

Report to the Legislature

Intensive Parole for High-Risk Juvenile Offenders

Chapter 338, Laws of 1997, Section 34
RCW 13.40.212(2)

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EXECUTIVE SUMMARY

In 1997, the Washington State Legislature required the Department of Social and Health Services' Juvenile Rehabilitation Administration (JRA) to implement an intensive supervision program within its parole services.

This legislation¹ required that the program be provided for juvenile offenders at highest risk to reoffend. The Legislature required annual reports on progress in meeting goals for information management and program evaluation, implementation, quality and effectiveness.

In 2003, JRA introduced Functional Family Parole (FFP), a family centered, strengths based and alliance focused case management system. Developed in conjunction with Functional Family Therapy, LLC, FFP emulates the principles and skills of Functional Family Therapy (FFT), an evidence-based intervention with over 40 years of research showing positive impacts on recidivism for high risk youth.

Linking FFP with the FFT model established relational principles and a solid skill base for counselors who engage and motivate high risk

88 percent of parole youth have families involved in their transition and reentry plans to their homes and communities.

(Source: JRA Parole End of Month Reports, FY12)

youth and their families to participate in services designed to increase protective factors and reduce risk factors.

Parole Aftercare, including Intensive Parole, focuses on transition and reentry services for individual youth needs, incorporating family support, offering careful supervision and utilizing evidence-based programs. JRA Parole Case Managers are

consistently rated high in program adherence, critical to the continued success of the model (see page 12).

In Fiscal Year 2012, **670** youth were released from residential confinement and **328** (49%) participated in Functional Family Parole, including all youth on Intensive Parole. Due to limited funding and recent budget impacts in FY2012, **342** (51%) youth left JRA custody directly from a secure facility. Lacking parole aftercare services, they are at increased risk of failure and recidivism.

High-Risk Youth Have Complex Needs

Just above **86%** of youth releasing from JRA residential confinement have at least one treatment need. Over **70%** have mental health needs, **55%** need treatment for substance abuse and **57%** have co-occurring needs (mental health and substance abuse)². JRA provides an effective, comprehensive and collaborative aftercare system to address those complex needs, including:

Intensive Parole serves Washington's **25** percent highest-risk juvenile offenders.

Other parole services are:

- Parole for graduates of the Basic Training Camp Program
- Parole for youth convicted of Auto Theft
- Parole for Youth who Sexually Offend
- The Family Integrated Transitions Program
- Functional Family Therapy

¹ RCWs 13.40.210, Parole Program and 13.40.212, Intensive Supervision.

² JRA Automated Client Tracking (ACT) System data pull July 27, 2012 for FY12

Functional Family Parole, Family Integrated Transitions, Functional Family Therapy, Multi-Systemic Therapy, Aggression Replacement Training, sex offender treatment, substance abuse treatment, mentoring, education and vocation services.

JRA Functional Family Parole *Effectiveness*

A powerful study by the DSHS Research and Data Analysis Division³ compared youth on parole released in 2008 with a matched group of youth released from JRA residential programs without parole services in 2009. Statistically significant findings showed that youth in the FFP group were:

- **48 percent less likely to be arrested** and had **fewer total arrests** during the 9 months following release than those released later without parole.
- **49 percent more likely to be employed** and earned more on average during the year following release than those released without parole.

Functional Family Therapy *Effectiveness*

Certified JRA therapists provide Functional Family Therapy (FFT) for eligible youth and families. The Washington State Institute for Public Policy found⁴ that FFT in our state:

- Achieves a total benefit of **\$37,739 per participant** (2010 dollars).
 - Benefits are from **reduced juvenile crime, labor market** and **health care** due to increased probability of high school graduation;
 - **\$8,536** of the total benefit is **to taxpayers**; and
 - **\$29,203** accrues primarily from **people not victimized by avoided crimes**.
- Yields a benefit of **\$11.86 per each dollar spent** to provide the program.
- Has a **99 percent likelihood of producing benefits that exceed costs**.

Other Evidence-Based Programs JRA provides are proven to reduce recidivism:

<u>Evidence Based Program</u>	<u>Benefit per Dollar Spent</u>	<u>Return on investment</u>	<u>Likelihood of positive return</u>
Functional Family Therapy	\$11.86	641%	99%
Aggression Replacement Training	\$24.44	Not reported	93%
Multi-Systemic Therapy	\$4.07	28%	91%
Family Integrated Transitions	\$2.47	17%	86%

JRA has created and continues to enhance the system of parole services, particularly Intensive Parole for the highest risk youth, critical to success when a young person returns home. Dollar for dollar, evidence-based programs and Functional Family Parole, as a best practice approach within the JRA service delivery system, make communities safer and reduce recidivism.

³ Barbara A. Lucenko, PhD, Lijian He, PhD, David Mancuso, PhD, and Barbara Felver, MES, MPA. *Effects of Functional Family Parole on Re-Arrest and Employment for Youth in Washington State*. October 2011 RDA Report 2.24, Olympia, Washington.

⁴ Steve Aos, et al. *Return on Investment: Evidence-Based Options to Improve Statewide Outcomes – July 2011 Update*. Washington State Institute for Public Policy, July 2011.

INTENSIVE PAROLE FOR HIGH RISK JUVENILE OFFENDERS

The 1997 Washington State Legislature recognized that traditional parole services for high-risk juvenile offenders were insufficient to provide adequate rehabilitation and public safety. Intensive Aftercare, a model advocated by the Office of Juvenile Justice and Delinquency Prevention,⁵ showed promise to reduce recidivism among juvenile offenders.

The Legislature mandated (Chapter 338, Laws of 1997, Section 34) implementation of Intensive Aftercare for youth in the Department of Social and Health Services' - Juvenile Rehabilitation Administration (JRA) who are at highest risk to re-offend.

Washington was the first state to implement the Intensive Parole Aftercare model across an entire system of state juvenile corrections.

The new law enumerated principles and elements of the Intensive Aftercare program and required JRA, beginning December 1999, to report annually to the Legislature on process and outcome findings. That is, to: "Report on the department's progress in meeting intensive supervision program evaluation goals...A plan for **information management** and **program evaluation** that maintains close oversight over **implementation** and **quality control**, and determines the **effectiveness** of both the **processes** and **outcomes** of the program."

PAROLE EFFECTIVENESS

By 2003, JRA had implemented a program based on the Evidenced-Based Practice of Functional Family Therapy (FFT) called Functional Family Parole (FFP). Determined to increase the effectiveness of *all* parole services, JRA made FFP available to all participants receiving JRA parole services. At the time, this included all youth released from residential confinement with the exception of youth transferred to the Department of Corrections upon completion of their JRA sentence and those turning 21 years of age.

The administrative decision to bolster all parole services, not just Intensive Parole, allowed all youth assigned to parole the opportunity to benefit from this program. FFP was adopted as the core community component of JRA's cognitive/behavioral based ***Integrated Treatment Model***⁶.

FFP is a specially developed parole case management and service delivery system created in collaboration with Functional Family Therapy, LLC. Functional Family Therapy (FFT), developed by Dr. James Alexander, has over 40 years of research supporting its effectiveness in reducing recidivism in high risk juvenile populations⁷ as well as producing positive impacts with siblings participating in the intervention.

JRA provides FFP to **all parole youth** and offers FFT to certain eligible youth and families based on capacity and geography. In Fiscal Year 2012, approximately 18% of eligible youth and families received the FFT intervention. JRA is committed to maximizing the service delivery of

⁵ David Altschuler and Troy Armstrong, *Intensive Aftercare for High-Risk Juveniles: A Community Care Model*, Office of Juvenile Justice and Delinquency Prevention, September 1994.

⁶ Henry Schmidt III, PhD, and Robert E. Salsbury III, M.S., *Fitting Treatment to Context: Washington State's Integrated Treatment Model for Youth Involved in the Juvenile Justice System*, Report on Emotional and Behavioral Disorders in Youth, Spring 2009.

⁷ www.fftinc.com

this highly effective intervention and continues to explore additional options for expanding the implementation of FFT.

Integrated treatment and services follow best practice guidelines by utilizing natural supports, community involvement and family involvement; a powerful vehicle for engagement, motivation and sustainable change. Family support is critical to preventing youth from re-offending. Family involvement is also essential to understanding how to best match the FFP supervision and available resources to increase family strengths and protective factors while addressing individual and family risk factors.

FFP is family based. A family focus, individually matching services to youth and families, responding contingently to parole violations and including families when determining graduated interventions...makes FFP distinct from and far more effective than 'traditional' supervision where the youth alone is the primary focus.

88 percent of youth on parole have families who are involved in their transition and reentry plans to their homes and communities. (Source: JRA Parole End of Month Reports, FY12)

The majority of youth releasing to parole have families who are involved in their transition, reentry to their homes and participating in parole aftercare services. Youth who do not have families available require extra assistance. Parole counselors strive to find persons significant to the youth who may fulfill at least some of the support not available from the absent family. These individuals are involved in the parole meetings and support the youth before, during and after parole services.

Using engagement and motivation techniques drawn from the FFT model, JRA parole counselors help families move beyond blaming and negative interactions, reinforce positive changes made by youth and participate in family based services that improve family bonding and communication. These positive changes are embedded within the family structure and supported by the parole counselor so that they may be sustained beyond parole supervision.

PLANNING AND IMPLEMENTATION: INTENSIVE PAROLE IN THE SERVICE CONTINUUM

"[W]hen no appropriate schooling, vocational training, or employment is provided, housing or food is inadequate, or psychotropic medication is not maintained, the risks for failure are elevated. Adolescents with co-occurring disorders especially require attention on multiple fronts as do 'high risk' adolescents who by definition have multiple problems." (Altschuler, 2008)⁸

Intensive Parole is one of several parole programs mandated in Washington State Statute for juvenile offenders committed to the Department of Social and Health Services' Juvenile Rehabilitation Administration (JRA). JRA has intentionally worked to employ known best practices and evidence-based approaches across each type of parole offered, with care that parole services are developed as part of the whole continuum of rehabilitative services.

The Juvenile Rehabilitation Administration, while instituting and refining Intensive Parole, has transformed its entire community aftercare into a comprehensive youth and family based service delivery system.

⁸ David Altschuler, *Rehabilitating and Reintegrating Youth Offenders: Are Residential and Community Aftercare Colliding Worlds and What Can Be Done About It*, Justice Policy Journal, Vol. 5 – No. 1, Spring 2008.

The table below shows how planning and development of JRA parole programs has evolved since the introduction of Intensive Parole in 1997.

Traditional Practice to Evidence-Based and Promising Programs	
Phase	
1	October 1998 to October 1999 Traditional Community Linkages with Intensive Supervision
	<ul style="list-style-type: none"> • Residential experience not significantly different • Day reporting/work crew programs available • Emphasis on implementing intensive supervision components
2	October 1999 to October 2000 Residential, Transition, and Intensive Community Supervision with Traditional Community Linkages
	<ul style="list-style-type: none"> • Intensive Parole Transition Counselors focus on pre-release preparation of identified residential youth • Access to transitional/step-down community placements remains difficult for high-risk youth • Process improvements are made for enhanced transition
3	October 2000 to January 2003 Evidence-based Programs Service Expansion and Intensive Parole Standards revised
	<ul style="list-style-type: none"> • EBPs implemented in Regions include: Aggression Replacement Training (ART) Functional Family Therapy (FFT) Multi-systemic Therapy (MST) Family Integrated Transitions (FIT) • Intensive Parole Standards are modified for flexibility and outcomes while keeping fidelity to the model • The Initial Security Classification Assessment eligibility score is raised to manage the proportion of JRA youth eligible for Intensive Parole
4	January 2003 to July 2010 Functional Family Parole Adopted, Standards Refined, Quality Assurance Implemented
	<ul style="list-style-type: none"> • Intensive Parole Standards are significantly revised to incorporate the Functional Family Parole model to obtain better outcomes • Functional Family Parole Standards are refined and revised • Quality assurance protocols are developed and implemented
5	July 2010 to December 2011 Regionalization of Community Residential Programs and Parole Redesign
	<ul style="list-style-type: none"> • Expansion of JRA Community Facility beds • Realigned standards for minimum release of certain youth • Parole redesign incorporates Integrated Case Management practices, Wraparound principles
6	December 2011 and Beyond Enhancement of Risk Assessments and Community Transition
	<ul style="list-style-type: none"> • Improved risk assessment tools replace older versions • Enhanced release criteria established for all youth, including parole eligible youth • Development of additional Community Facility locations and transition services • Re-design of diagnostic processes to expedite youth transition to JRA and enhance effectiveness of assessment and treatment interventions • Expansion of EBP delivery through evidence based expansion dollars

JRA PAROLE TODAY

The National Juvenile Justice Network⁹ recently identified important factors contributing to youth success returning to their communities:

- In the six months post release youth who received community aftercare, including community based services, were more likely to attend school, go to work and avoid further reoffending.
- Increased duration of community supervision decreased further system involvement and increased engagement with school and work.
- Involvement in community based services reduced the likelihood of further system involvement during the six month aftercare period.

JRA parole programs are not only well poised to address each of these factors, they are uniquely tailoring aftercare services to the individual risk and needs profiles of the youth releasing with parole supervision. The phase based structure of the FFP model allows for great agility within the family meetings to respond contingently and hold youth accountable to ensure community safety.

Family Involvement

Functional Family Parole (FFP) is provided to all youth qualified for parole services. This program uses Functional Family Therapy principles delivered by parole counselors to assist youth and their families. These principles are utilized with all parole youth, regardless of whether a family is involved.

Many youth and families qualify for *Functional Family Therapy (FFT)*, a powerful research-based program. Delivered over twelve to sixteen weeks FFT works to give the youth and family tools for a successful transition to the community, increase family bonding, decrease family conflict and identify more effective communication strategies.

Youth who have co-occurring treatment needs may qualify for *Family Integrated Transitions (FIT)*, a 22 week evidence-based intervention with Multi-Systemic Therapy (MST) as the base treatment model combined with Dialectical Behavior Therapy (DBT), Motivational Enhancement Therapy (MET), and Relapse Prevention. FIT begins working with the youth and family 2 months prior to a youth's release from a residential program and continues for 4 months while a youth is on parole.

Links to Services, School and Work

Parole counselors and therapists (in-house or contracted) assist youth and their families with connections to community resources. They collaborate with the family to establish treatment goals and support active participation in positive community activities.

Treatment for sex offenses, mental health, and substance abuse are offered. The Wraparound process is available in some areas. Vocational training and educational support are all examples of services that are offered depending on the needs of the youth

⁹ *New Research Shows Community-Based Alternatives as Effective as Institutional Placements for Curbing Re-arrest in Youth with Serious Offenses*, National Juvenile Justice Network (NJJN), January 2010.

and family. The goal is to have an individual plan developed in conjunction with the youth and family that will ultimately increase positive outcomes.

Evidence-Based Programs and Promising Practices

JRA is committed to delivering services that are culturally relevant and reduce recidivism. In addition to FFT and FIT evidence-based programs; FFP is showing strong effects as a research-supported program.

Youth with a history of violence toward others may receive *Aggression Replacement Training (ART)*, a 12 week cognitive based program designed to help youth identify and control anger cycles, develop positive pro-social skills and increase moral reasoning.

Mentoring

Many youth are linked with community volunteers who commit to a year-long mentoring relationship to help coach and guide youth using modeling, instruction, recreational activities and friendship. Additional strategies beyond the traditional one to one mentoring model are continually explored in partnership with local communities in Washington State to maximize mentoring relationships with JRA youth. These strategies include:

- Group Mentoring
- E-Mentoring (electronic mentoring)
- Peer Mentoring
- Tutor Mentoring
- Partnerships with AmeriCore/Vista
- Other culturally relevant mentoring opportunities

Close Supervision for Community Safety

Youth receive careful supervision by trained parole counselors. Swift and consistent interventions assist youth to redirect when necessary – including possible return to an institution for serious and dangerous conduct in the community.

Although revocations are costly and disruptive to the youth's programming, they are few in number and reserved for only the most egregious violations and mandatory conditions that require temporary confinement.¹⁰ During FY12, 293 revocations occurred, translating to 6.5% of youth on parole being returned for temporary confinement.¹¹

Additional tools available to the parole counselor include electronic home monitoring, counselor assistants, urinalysis testing, polygraph examinations, other community resources and, of course, the family.

Quality Assurance

Parole consultants in each region office work with the parole counselors to ensure Functional Family Parole is delivered as intended. Ongoing training and consultation is

¹⁰ RCW 13.40.210, Parole Program and WAC 388-740: Parole Revocation.

¹¹ JRA Automated Client Tracking (ACT) System data pull July 30, 2012 for FY12

provided to ensure parole counselors have the necessary tools to stay adherent to the FFP model. Adherence measures are tracked monthly, quarterly and annually to identify areas of strength and improvement.

Assessment and Diagnostic Re-Design

JRA is committed to continuous quality improvement. As such, a recent analysis of the tools used to identify appropriate residential placement and risk for re-offense resulted in a new set of assessments that better predict success for youth during transition throughout the JRA continuum of care and back into their home communities. As of August 1, 2012, a new diagnostic process was implemented that focuses on:

- An enhanced youth experience and a shorter pre-admission period
- A focus on early engagement, treatment, transition and reentry planning
- Greater alignment with the JRA Integrated Treatment Model
- Increased efficiencies due to the reduced number of JRA Institutions
- Reduced duplication within the diagnostic and intake process
- Implementation of the Integrated Treatment Assessment (ITA) into the diagnostic process and using it as a guide for case management

JRA LOOKING TO THE FUTURE

JRA's *Integrated Treatment Model (ITM)* provides residential treatment based on cognitive behavior interventions and parole aftercare services through Functional Family Parole and evidence based practices that address the high needs and risk profiles of the most complex adolescents in Washington State. The research is clear that effective residential treatment must be followed with comprehensive community based aftercare services in order to generalize positive changes and reduce future incidents of crime.

Integrated Case Management (ICM) practices, as part of DSHS's mission, are reflected in JRA's case management approach as well as wraparound principles. Continued collaboration with state agencies, local partners, youth and families will ensure that JRA provides the most current, relevant and meaningful services that impact recidivism and increase community safety. JRA parole aftercare programs and the Administration will continue targeting resources to maintain core services that increase community safety and positive outcomes for youth and their families.

JRA continues to examine the impacts of recent policy changes to release additional youth at their minimum release date. The outcomes examined will include comparisons between those youth released with parole aftercare and those released without parole. Additional evaluation on the effects of FFP on re-arrest and employment rates for youth participating in FFP services is being pursued in collaboration with RDA (see recent 2011 RDA report on page 12). As an enterprise organization, JRA will be ready to make data informed policy adjustments to continue providing effective services that reduce recidivism.

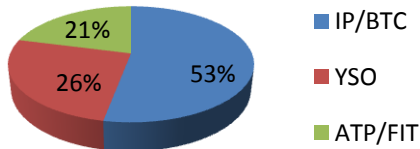
JRA YOUTH DEMOGRAPHICS

JRA Youth risk profiles show:

- School disciplinary problems
- Lower socio-economic status
- Early age onset of substance abuse or experimentation
- Ineffective family functioning
- Negative peer group influences
- Repeated contact with juvenile justice system
- Youth with co-occurring mental health and substance abuse disorders

The following information is from a data pull that shows the unique and varied population as well as the complex treatment needs of the 328 JRA youth released to parole in FY12.

Parole by Type



IP - Intensive Parole
 BTC - Basic Training Camp
 YSO - Youth Who Sexually Offend
 ATP - Auto Theft Parole
 FIT – Family Integrated Transitions

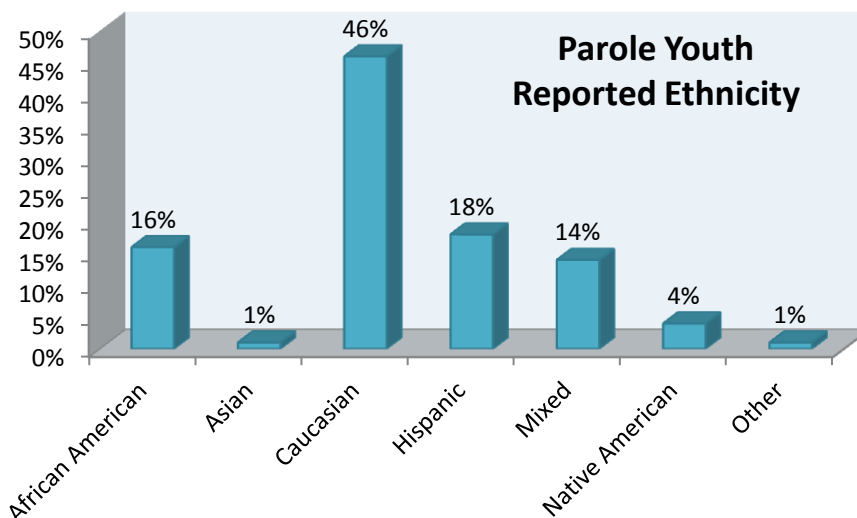
Of those 328 youth:

- Average age at release was 15.5 years of age
 - 177 (54%) were 16 years or older
 - 151 (46%) were 15 years or younger
 - 305 (93%) were male
- 150 (46%) were convicted of violent offenses
- 85 (26%) were convicted of sex offenses

Violent offenses include Murder, Arson, Robbery and Assault

Sex offenses include Rape, Rape of a Child, Child Molestation, and Indecent Liberties with Forcible Compulsion

- 123 (38%) had two or more treatment needs
- 178 (54%) were diagnosed as chemically dependent
- 169 (52%) met eligibility for Special Education
- 245 (75%) were in the JRA Mental Health Target Population, including a diagnosis from the Diagnostic and Statistical Manual for Mental Disorders, IV



JRA continues to examine the impacts of Disproportionate Minority Contact/Confinement (DMC). As policy adjustments are implemented, a DMC lens is utilized to ensure efforts to positively impact this disparity are realized.

OUTCOMES: JRA MEASURING SUCCESS

Ongoing quality assurance ensures that parole counselors are delivering FFP with a high degree of program fidelity. Assessing sustainability of the FFP model lies in the Global Rating Measure which tracks case manager performance across one to three months.

Every quarter since January of 2009, 80 percent of JRA case managers have scored ‘Well’ or better on the Global Rating Measure. Achieving a consistently high degree of fidelity requires ongoing program consultation, training and evaluation. FFP consultants work on site with parole counselors to conduct field observations, guide discussions during case staffing and assess performance regularly to provide ongoing and relevant feedback. Initial and annual training is provided by FFP experts in JRA for new and veteran staff to keep current with model principles and provide additional support as they work with this challenging population.

Functional Family Parole (FFP) has been shown to be positive and effective in three interim outcome studies^{12 13} and two preliminary outcome evaluations^{15 16} by Indiana University. The 2009 report¹⁷ found that FFP:

The Juvenile Rehabilitation Administration, while instituting and refining Intensive Parole, has transformed its entire community aftercare program into a comprehensive youth and family based service delivery system.

- **Significantly reduced the number of parole revocations** (by 14.7%) as compared to traditional parole services.
- **Significantly lowered post-parole crime severity** among youth with above average pre-crime severity “...indicating that the most difficult youth received more benefit from FFP.”
- **Resulted in improved family functioning**, youth behavior, parental supervision, family communication and reductions in family conflict.
- **Showed promising reductions in crime** when the parole counselor was highly adherent to the model
 - 12 months following release = 17.9 % reduction in felony crime
 - 18 months following release = 15.31% reduction in felony crime

The report also concluded that:

- Parole Counselors were able to learn and adequately perform FFP.
- Monitoring and promoting parole counselors’ ability to conduct FFP with high model fidelity is a critical and most important step for the future of the program.

¹² Thomas Sexton PhD, Marcy Rowland B.A., Julia Gruber, B.A., *Preliminary Results from Client Outcome Measure-Parent (COM-P) for the Washington State Functional Family Parole Project*. February, 2005.

¹³ Thomas Sexton PhD and Marcy Rowland BA, *Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project*, April, 2005.

¹⁴ Thomas Sexton PhD and Marcy Rowland BA, *Changes in Outcomes Across Time for the First Year of the Washington State Functional Family Parole Project*, June, 2005.

¹⁵ Marcy K. Rowland, BA and Thomas L. Sexton, PhD, *Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project*, March 1, 2007

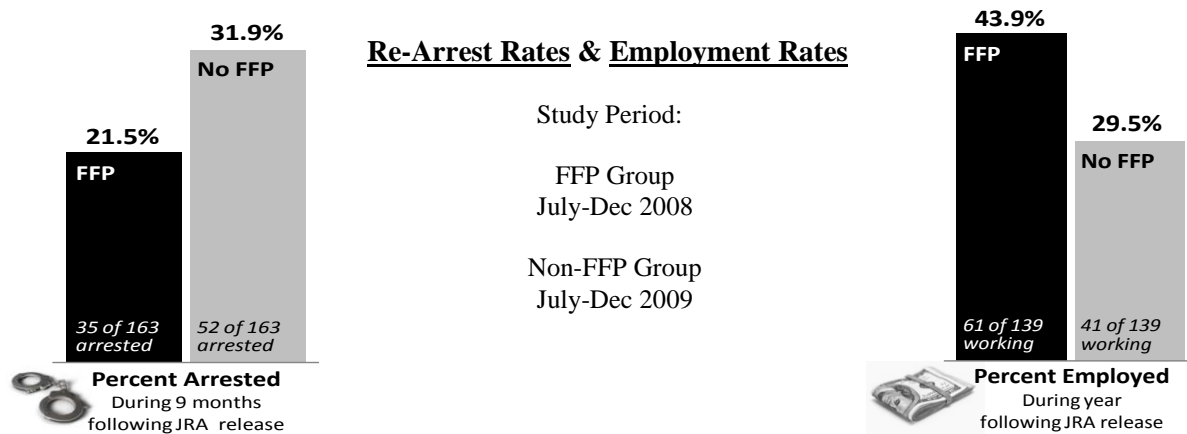
¹⁶ Thomas Sexton PhD, Marcy K. Rowland PhD, Amanda McEnery BA, *Interim Outcome Evaluation of the Washington State Functional Family Parole Project*, March 16, 2009

¹⁷ Sexton, T. L., Rowland, M. K., McEnery, A. March, (2009), *Interim Outcome Evaluation of the Washington State Functional Family Parole Project*, Center for Adolescent and Family Studies, Indiana University.

2011 DSHS – RDA STUDY ON PROGRAM EFFECTIVENESS

In October 2011, the Research and Data Analysis (RDA) Division of DSHS, in collaboration with JRA, published a study on the effects of FFP with two groups: youth released from residential confinement to FFP supervision and youth released with no parole aftercare services.

The outcome: Youth in the FFP group were significantly less likely to be re-arrested in the nine months following release and were more likely to be employed (*and they earned more money*) than the non-FFP group. These findings were statistically significant at the $p < .05$ and $P = .005$ level, respectively.



This study shows clear and immediate impacts to reduced crime and engagement in productive activity among youth who benefit from Functional Family Parole, the core service in all JRA aftercare.

FFP continues to follow principles and skills closely aligned with the FFT model. In July 2011, the Washington State Institute for Public Policy (WSIPP) published an update to “...calculate the return on investment to taxpayers from evidence-based prevention and intervention programs and policies.” The Legislature instructed WSIPP to produce “a comprehensive list of programs and policies that improve . . . outcomes for children and adults in Washington and result in more cost-efficient use of public resources.” (Aos., et. al.)

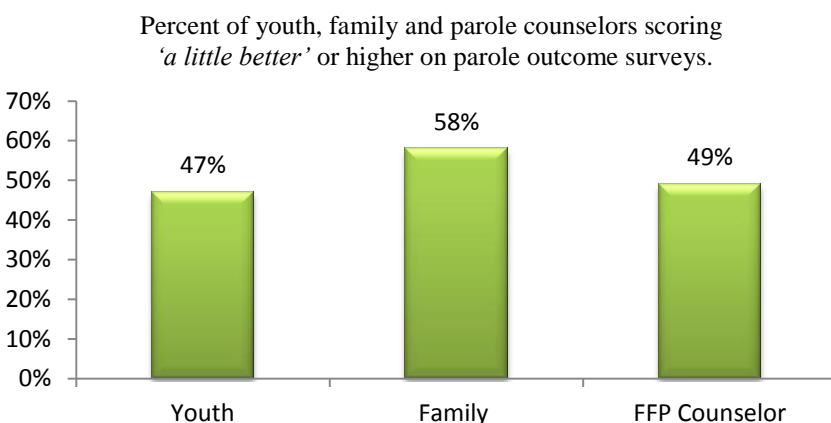
What the WSIPP found is that FFT continues to produce one of the highest return on investment ratios among the evidence based programs evaluated: “...an astounding 641%.”

In 2009, funding for Evidence Based Programs in the community led to the expansion of Family Integrated Transitions, Multi-Systemic Therapy, and Aggression Replacement Training. The result is a parole aftercare system designed to address the complex myriad needs of high risk adolescents and their families.

<u>Evidence Based Program</u>	<u>Benefit per Dollar Spent</u>	<u>Return on investment</u>	<u>Likelihood of a positive return</u>
Functional Family Therapy	\$11.86	641%	99%
Aggression Replacement Training	\$24.44	Not reported	93%
Multi-Systemic Therapy	\$4.07	28%	91%
Family Integrated Transitions	\$2.47	17%	86%

Youth and Family Outcomes

JRA collects surveys from youth and families completing parole supervision inquiring about their experience in working with the parole counselor during the aftercare period. Parole counselors also fill out surveys indicating their assessment of change with the youth's behavior as well as the youth and family relationships during the parole period. Overall, many families report they are getting along better with their son/daughter on parole and the parolee is performing better in the community than they were before being involved in JRA. Of the 80 youth who completed parole during FY12, surveys were collected for 49 youth, 43 families and 53 parole counselors. The table below highlights the positive outcomes reported by youth, family and parole counselor.



Parole Outcome Questions for the youth on Parole include:

1. How much have your relationships improved since parole started?
2. How much has your communication skills improved since parole started?
3. How much has your behavior improved?
4. How much has conflict in your relationships been reduced since parole started?

Questions are worded similarly for family members and the FFP counselor.

CONCLUSION

JRA continues to enhance their broad system of parole services. Parole Aftercare, including Intensive Parole, focuses on individual youth needs, family support, careful supervision, and evidence based programs. JRA Parole Case Managers are consistently rated high in program adherence, critical to success of FFP. The growing success of Intensive Parole has been emulated in other statutorily mandated parole services, all under the comprehensive and individualized case management approach JRA uses throughout its continuum of rehabilitative care.

The findings of the Washington Institute for Public Policy (Aos., et. al, July 2011) have established how much potential crime is reduced and how great the savings to the citizens of Washington State are when youth and their families participate in family based interventions like Functional Family Therapy.

It will be important to continue support for transition, reentry, community linkages and parole services. It's also vital for JRA to bolster quality assurance and program development and to engage in continual program evaluation. The strengths of Functional Family Parole (FFP) are evident. Further data collection and analysis would be appropriate to determine whether FFP may join the ranks of those programs firmly established as evidence based. JRA parole services work; they have been proven to reduce recidivism, make communities safer and save victims and citizens from harm and loss. FFP increases the likelihood for youth to engage in school, work and treatment programs and have a chance at a safe and bright future.

APPENDIX A

FUNCTIONAL FAMILY PAROLE: A CASE MANAGEMENT SYSTEM

Functional Family Parole (FFP) is a parole aftercare case management system for high risk adolescents and their families. The FFP model is an essential vehicle to motivate and engage, support and monitor and generalize effective programs and services including:

- Evidence Based Programs such as Functional Family Therapy, Aggression Replacement Training, Family Integrated Transitions, Multi-Systemic Therapy
- Educational and vocational programming
- Substance abuse treatment
- Sex offender treatment
- Mental health treatment
- Mentoring

Functional Family Parole provides a motivational context through compulsory and incentive based activities. FFP aftercare supports public safety by using a balance of surveillance and community services to intervene and interrupt when a youth is acting dangerously to self and others including confinement, if necessary. FFP integrates well with Intensive Aftercare Parole models, as they both require the family to be the unit of intervention. FFP also supports wraparound principles and utilizes integrated case management practices by employing family-driven and youth-guided options for services.

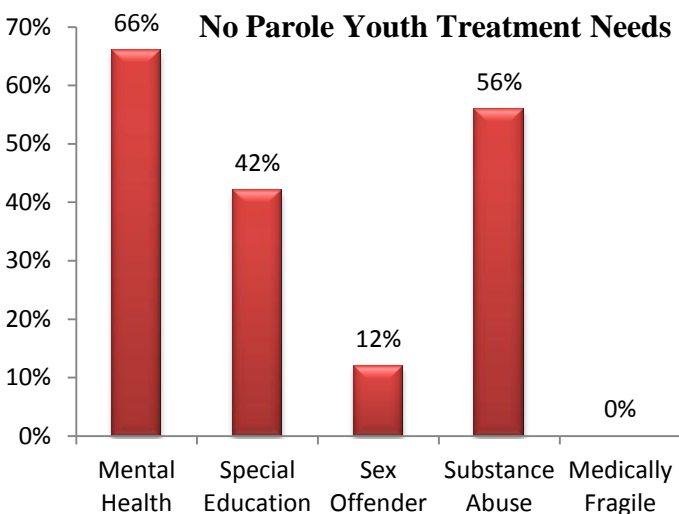
Functional Family Parole is anchored in principles mirroring those in the evidence based Functional Family Therapy model that guide interactions and decisions involving youth, families and community services.

- **Balanced Alliance** – Having a working ‘balanced’ alliance assumes the families experience parole counselors as neutral (not taking sides and willing to listen). Parole counselors assess effectiveness of the balanced alliance based on how motivated the youth and family are to meet with them, how willing they are to talk and listen and participate in services.
- **Relational (Family) Focus** – Parole counselors focus on relationships between the youth and their family, community and peer group as a vehicle for understanding their needs, linking to appropriate services and supporting lasting change.
- **Strength Based** – Parole counselors emphasize the balance between risk and protective factors (considering the strength in behaviors) even if hard to define. The goal is to maintain motivation based on alliance, credibility and identification of youth and family strengths.
- **Respect** - Parole counselors work to respect family dynamics (what each person brings) by meeting them where they are and valuing the person. Youth and families should feel valued and safe in conversations and acknowledged for their efforts.
- **Matching** - The match principle guides parole counselor’s responses in the moment. They match to youth and families in what they say, how they say it and when they say it. Parole counselors match to the FFP phase (do the right thing at the right time using skills strategically) and match to the desired outcomes which are individually assessed by the parole counselor for each youth and family.

APPENDIX B

YOUTH RELEASED WITHOUT PAROLE AFTERCARE SERVICES

The risk and needs profiles of youth releasing with no parole services are similar to those youth who receive FFP aftercare. The data below reflect the youth released from residential confinement to the community without parole aftercare (N=342).



- 53% have only one treatment need
- 27% have two
- 2% have three
- 46% are violent offenders
- 66% are 17 years of age or older when released

Female offenders typically score lower on risk assessments and do not commit the types of offenses which require parole, leaving the majority of them ineligible for aftercare services.

